

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013342

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1774

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grosse Nursing Home		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) 3242 Brooklyn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frankie Middle Hinde Last Hinde			4. DATE OF DEATH Month April Day 5 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 27, 1875		9. AGE (In years birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kinston, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Denis Cox		13b. MOTHER'S MAIDEN NAME Amanda Buford		14. NAME OF HUSBAND OR WIFE William Hinde	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. George Hinde 3247 Brooklyn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Undetermined cause DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 3/20/59 to 4/5/59 and last saw her alive on 4/5/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. B. Cuniff (Degree or title) 25			22b. ADDRESS 836 Engle Blk 16c2		22c. DATE SIGNED 4/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 4-7-1959		23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers	
23d. LOCATION (City, town, or county) Kansas City, Mo.					
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 4-7-59		26. REGISTRAR'S SIGNATURE W. B. Cuniff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W. B. Cuniff

All diseases in Part I must be causally related.

Dr. W. B. Darnall
Dr. H. E. Smith
Dr. H. E. Smith
Dr. H. E. Smith

STATEMENT BY ~~LICENSED~~ EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Thomas A. Hoehler

Licensed Embalmer No. 4995
P. O. Address A.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.